

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: BELL THERAPY BELWOOD VIII MARTIN CBRF (310134)

Address: 1141 N 46TH ST, MILWAUKEE, WI 53208

License Status: REGULAR

Licensed/Certified/Registered 06/01/1992

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096804 **End Date:** 04/12/2006 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011847 Served 05/01/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY		

Survey ID: 0095911 **End Date:** 11/04/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007219 Served 12/06/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	04/12/2006	No
83.21(4)(g)	FAIR TREATMENT	04/12/2006	Yes
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	04/12/2006	Yes
83.33(3)(b)2.b	MEDICATION STORED IN ORIGINAL CONTAINER	04/12/2006	Yes
83.33(3)(c)3	PROOF-OF-USE RECORD AUDITED DAILY	04/12/2006	Yes

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DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 07/28/2006

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0090970 **End Date:** 09/12/2003 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Enforcement History

Date: 04/27/2006	SOD #10011847	Appealed: No
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Sanctions

FORFEITURE---83.19(3)(e)

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Provider Inspection Summary

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Complaint History

Date Complaint Received: 02/02/2006

Date Investigation Completed: 04/12/2006

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
PHYSICAL PLANTS & SAFETY HAZARDS	SUBSTANTIATED	NOT RECORDED
ADMINISTRATION	SUBSTANTIATED	10011847

Date Complaint Received: 12/29/2005

Date Investigation Completed: 04/12/2006

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	10011847

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